

**FIP CONTRACT  
AWARD DATA SHEET**

**Date:** \_\_\_\_\_

**ICD:**

**Acquisition Title:**

GSA DPA# -  
HHS DPA# -  
NIH DPA# -  
Award by -

GSA DPA Issued -  
DPA Term -  
DPA Limit -

**Award Data:**

(If DPA authorizes multiple awards, please fill out a separate sheet for each award)

Solicitation # \_\_\_\_\_ Contract#/P.O.# \_\_\_\_\_

Date of Award: \_\_\_\_\_ Type of Contract/P.O. \_\_\_\_\_

Amount of Initial Award: \$ \_\_\_\_\_ Maximum Contract Award: \$ \_\_\_\_\_  
(total award including all option periods)

Total Contract /P.O. Life in Months: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contracting Officer Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Location of Permanent Contract File: \_\_\_\_\_

DPA Dollar Ceiling Flexibility Provision Used: No \_\_\_\_ Yes \_\_\_\_  
If Yes, Amount of Increase: \_\_\_\_\_

**If required as a condition of the DPA, provide Start and Completion Dates for:**

a. Determination of Needs & Requirements Analysis	Start _____	Completed _____
b. Analysis of Alternatives	Start _____	Completed _____
c. Determination of Technical Requirements	Start _____	Completed _____
d. Solicitation Preparation and Issuance	Start _____	Completed _____
e. Solicitation Evaluation and Award	Start _____	Completed _____

**RETURN TO:** OIRM - 6100 EXECUTIVE BLVD. ROOM 2B03 within **15 days** after contract award.